



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

March 27, 2024

Connie Clauson  
Leisure Living Management of Coopersville  
640 West Randall  
Coopersville, MI 49404

RE: License #: AL700070220  
**FV Ret Vill Of Coopersville #2**  
**640 W Randall Street**  
**Coopersville, MI 49404**

Dear Connie Clauson:

Attached is the Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and rules. Your license is renewed. It is valid only at your present address and is nontransferable.

Please contact me with any questions. In the event that I am not available, and you need to speak to someone immediately, you may contact the local office at (616) 356-0100.

Sincerely,

A handwritten signature in black ink, appearing to read "Ian Tschirhart".

Ian Tschirhart, Licensing Consultant  
Bureau of Community and Health Systems  
Unit 13, 7th Floor  
350 Ottawa, N.W.  
Grand Rapids, MI 49503  
(616) 644-9526

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
BUREAU OF COMMUNITY AND HEALTH SYSTEMS  
RENEWAL INSPECTION REPORT**

**I. IDENTIFYING INFORMATION**

**License #:** AL700070220

**Licensee Name:** Leisure Living Management of Coopersville

**Licensee Address:** 640 West Randall  
Coopersville, MI 49404

**Licensee Telephone #:** (616) 285-0573

**Licensee/Licensee Designee:** Connie Clauson

**Administrator:** Tara Frazier

**Name of Facility:** FV Ret Vill Of Coopersville #2

**Facility Address:** 640 W Randall Street  
Coopersville, MI 49404

**Facility Telephone #:** (616) 997-9253

**Original Issuance Date:** 11/25/1996

**Capacity:** 20

**Program Type:** AGED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 03/27/2024

Date of Bureau of Fire Services Inspection if applicable: 03/19/2024

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed 3

No. of residents interviewed and/or observed 8

No. of others interviewed 1 Role: Administrator

- Medication pass / simulated pass observed? Yes  No  If no, explain.
- Medication(s) and medication record(s) reviewed? Yes  No  If no, explain.
- Resident funds and associated documents reviewed for at least one resident? Yes  No  If no, explain.
- Meal preparation / service observed? Yes  No  If no, explain.  
Not mealtime. Consultant asked questions, inspected kitchen.
- Fire drills reviewed? Yes  No  If no, explain.  
Facility inspected by Fire Marshal on 03/19/2024.
- Fire safety equipment and practices observed? Yes  No  If no, explain.  
Facility inspected by Fire Marshal on 03/19/2024.
- E-scores reviewed? (Special Certification Only) Yes  No  N/A   
If no, explain.
- Water temperatures checked? Yes  No  If no, explain.
- Incident report follow-up? Yes  No  If no, explain.  
N/A
- Corrective action plan compliance verified? Yes  CAP date/s and rule/s:  
N/A
- Number of excluded employees followed-up? N/A
- Variances? Yes  (please explain) No  N/A

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

The facility is in compliance with all applicable rules and statutes.

### IV. RECOMMENDATION

I recommend issuance of a 2 year regular adult foster care license.



March 27, 2024

---

Ian Tschirhart  
Licensing Consultant

Date